CITY OF MANCHESTER

14318 MANCHESTER RD. MANCHESTER, MO 63011

P: 636.227.1385 F: 636.227.5438

publicworks@manchestermo.gov



APPLICATION #

SEWER LATERAL REPAIR PROGRAM PLUMBER VERIFICATION FORM

I			
of			nave taken
steps to cable the sanitary sewer lateral a	it the property	located at	
		on the	day
of, 20	·		
My work has not been adequate to compl	letely clear the	e line and I recommend that addi	tional steps be
taken to repair this sanitary sewer lateral.			
I believe the problem area is approximate	ely	feet from the house and/or	
feet from the edge of the street.			
Signature:			
Of:			
Date:			

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APPLICATION #

Total Amount \$____

SEWER LATERAL REPAIR APPLICATION

IMPORTANT NOTICE

To participate, a resident must submit a Sewer Lateral Repair Application, signed Plumber Verification Form, a \$750 application fee, proof of paid real estate taxes, and signed Property Owners Release Form. Repairs subject to \$6,000 repair program cap. Property owner is responsible for any cost over the \$6,000 repair program cap.

1 0					
Date of application submittal:					
Property Owner Name(s):					
Address of Requested Repair:					
elephone Number: Email:					
Signed Plumber Verification Form attached? \Box Y	ES □ NO				
\$750.00 application fee submitted? YES NO Payment Type: Cash Credit Card Check #					
Proof of Paid Real Estate Taxes? ☐ YES ☐ NO (Approval subject to verification)					
Signed Property Owners Release Form attached? ☐ YES ☐ NO					
The undersigned hereby represents that he/she/they have carefully read and understand the guidelines and requirements					
for participating in the City of Manchester's sanitary sewer	lateral repair program.				
Property Owner(s) Signature:					
FOR OFFICE USE ONLY - DO NOT WRITE BLEOW THIS LINE					
APPLICATION RECEIVED	APPLICATION REVIEW				
By:	By:				
Date/Time:	Date/Time:				
☐ Signed Plumber Verification Form	□ Approved				
□ \$750 Application Fee Paid	☐ Not Approved				
☐ Proof of Paid Real Estate Taxes					
☐ Signed Property Owners Release Form					
COMMENTS:					

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APPLICATION #

SEWER LATERAL REPAIR PROGRAM PROPERTY OWNER RELEASE FORM

I/V	I/We,	the Prop
	erty Owner(s) of, M	
th	the City of Manchester and its approved plumbing contractor to enter m	y/our property in order to repair my/
οι	our sanitary sewer lateral as may be required. As part of this work, I/we	acknowledge there may/will be incon
ve	veniences related to the repair work undertaken up until such time as ya	rd restoration is completed.
I/v	I/we understand that the City of Manchester's Sewer Lateral Repair Progr	ram does not cover the following item
w]	which will be the property owner's responsibility:	
1.	1. Repairs to sewer lines within or under the house structure.	
2.	2. Repair costs exceeding the maximum repair program expenditure lim	uit of \$6,000.00.
3.	3. To restore any plants, trees, landscaped areas and walls, irrigation sys	stems, fences, and the like, which may
	be affected or removed within the required work area limits. Also, to	water, as necessary, the grass seeding
	following yard restoration of the work site to insure its germination as	nd growth.
4.	4. Sewer lateral repairs which are under a permanent or semi-permanen	t structure such as but not limited
	to a detached garage, shed, swimming pool, porch, steps, air condition	ning unit, wood pile, play structure,
	retaining wall, or the like unless any of these items are removed first b	by the property owner or unless the
	owner pays all additional charges to have the City's plumbing contract	ctor relocate the sewer lateral around
	the structure.	
I/v	I/we understand the City of Manchester requires its approved plumbing of	contractor to provide the City with a
Ce	Certificate of Insurance and a Performance Bond which guarantees the sa	tisfactory completion of all necessary
W	work. The City has a one (1) year guarantee from the plumbing contractor	r which covers all materials, equip-
m	ment and workmanship associated with the excavation and the repaired J	portion of the sewer lateral.
Ρı	Property Owner(s) Signature:	Date:
11	Troperty Owner(s) orginature.	
		Date: